

Office of Financial Aid

Identity & Statement of Educational Purpose

A Member of the Alabama Community College System

The U S Department of Education has requested that Bishop State Community College verify your identity and educational purpose using the following information. The student is responsible for the accuracy of this document.

The student may appear in person at any Financial Aid Office at Bishop State Community College to verify his or her identity by presenting a valid government-issued photo identification (ID) card, such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution must maintain a copy of the student’s photo ID along with this document noting the received and reviewed date, as well as the name of the official at the institution authorized to collect the student’s ID.

**The student must sign this document, in the presence of a Financial Aid official:**

**If you are unable to sign in person, you must sign this form in the presence of a notary public.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Bishop State Community College**.

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Print Student’s Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature - **sign only in presence of financial aid official** Bishop State ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu

Student Email

Proof of Identity (must attach a copy):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Government Issued ID ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issuing Authority Expiration Date – **must not be expired**

**Financial Aid Office Acknowledgement**

The above named student personally appeared before me and provided to me on basis of satisfactory evidence of identification detailed above.

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Financial Aid Official – Print Name Financial Aid Official – Title

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Financial Aid Official – Signature Date